Review of the status of palliative care in ten Southern African countries: A briefing paper

Richard A. Powell, Eve Namisango, Fatia Kiyange, Emmanuel BK Luyirika, Lukas Radbruch, Richard Harding

Background & problem
Africa is characterised by a significant burden of communicable and non-communicable diseases, especially in sub-Saharan Africa, the relative distribution of which is projected to shift by 2030.\(^1\) Despite positive advances over the last decade, including an increased number of service providers,\(^2\)-\(^4\) provision of palliative care on the continent remains inconsistent, largely still provided from isolated centres with restricted geographic and population coverage rather than meaningfully integrated into healthcare structures.

Since 2009 the Open Society Initiative of Southern Africa (OSISA), in collaboration with the International Palliative Care Initiative (IPCI) at the Open Society Foundations New York, has been supporting the development of palliative care in the region. This work included a 2011 review of national policies, implementation documents and strategic plans to identify and assess the opportunities, gaps, strengths and weaknesses and gender issues involved that could be addressed to integrate palliative care into national policy frameworks.\(^5\) Since then, there has been an identified need for a comprehensive appreciation of the current status of palliative care development in the sub-region. Consequently, a study was commissioned by IPCI.\(^6\)

Intended to collect up-to-date information on the degree of palliative care activity in a number of targeted Southern African countries to address information deficits and establish prioritized development needs to influence the progress of palliative care in the region, this briefing paper from the study provides a summary of the current situation.

Methods
(i) Study design & setting
This was a descriptive, cross-sectional comparative review conducted in ten focus countries: Angola, Botswana, the DRC, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Below are the key findings only.

Findings
(i) Palliative care services
- All countries report using the WHO definition of palliative care, while the reported status of palliative care activity in each country ranges from levels 2-4a: one at level 2 (capacity building activity; DRC); five at level 3a (isolated palliative care provision; the Angola, Botswana, Lesotho, Mozambique and Namibia); one at level 3b (generalized palliative care provision; Swaziland); and three at level 4a (hospice-palliative care services are at a stage of preliminary integration into mainstream service provision; Malawi, Zambia and Zimbabwe). These activity levels are identical to those reported in the 2011 Worldwide Hospice Palliative Care Alliance report.\(^7\)

- Seven countries provide palliative care services for HIV patients and similarly for cancer patients, with five (Botswana, Malawi, Mozambique, Swaziland and Zimbabwe) reporting gender sensitive services. However, while four countries provided services dedicated to the elderly and five for those with disabilities, provision for other marginalized populations was much less frequent.
(ii) Palliative care training

- Only one country (Malawi) reported an accredited palliative care training course, which was limited to five days in length and certified at the postgraduate level of university training.

- Four countries (the DRC, Malawi, Swaziland and Zimbabwe) reported having trained palliative care physicians, with the number ranging from 1-15, while only one (the DRC) had a postgraduate palliative care diploma. While eight nations have medical schools, only one (Zimbabwe) reported having a medical school with a palliative care ‘course’. No country reported having a professor of palliative care.

(iii) Professional activity

- Five countries (Botswana, Malawi, Mozambique, Zambia and Zimbabwe) reported having a national association for palliative care, with four (the DRC, Namibia, Zambia and Zimbabwe) having held a national palliative care conference.

- Two countries (the DRC and Malawi) had palliative care research groups, with ten reported in the latter, and six nations (Botswana, the DRC, Malawi, Mozambique, Zambia and Zimbabwe) reporting international research collaboration sites.

- Seven countries (Botswana, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) have palliative care frameworks ranging from strategies (Botswana, Namibia, Swaziland and Zambia) to national policies care standards, norms or guidelines (Botswana, Malawi, Mozambique, Namibia, Swaziland and Zimbabwe), while four (Botswana, Malawi, Mozambique and Zimbabwe) have a palliative care directory/catalogue, only one (Zimbabwe) has a palliative care journal / newsletter.

(iv) Policy initiatives and frameworks

- Five countries (Botswana, Namibia, Swaziland, Zambia and Zimbabwe) had national palliative care policies in place that incorporate palliative care as a human right, while four (Botswana, Namibia, Swaziland and Zambia) had a national palliative care strategy, which only incorporates palliative care as a human right in Namibia and Swaziland.

  However, five countries (Botswana, Malawi, Mozambique, Zambia and Zimbabwe) had a national cancer or NCD strategy, with four of them (excluding Botswana) including palliative care. Similarly, nine countries (excluding Angola) had a national home-based care strategy, with six (excluding Botswana and Lesotho) including palliative care.

  However, only three countries (Mozambique, Swaziland and Zambia) had a national palliative care programme (with all three including palliative care as a human right), and four countries (Malawi, Mozambique, Namibia and Swaziland) had in place a palliative care auditing / monitoring and evaluation system.

- Financially, two countries (Malawi and Swaziland) had a dedicated palliative care budget line in their health budget, and only one (Botswana) had dedicated research resources at its disposal.

- Mean consumption of morphine in the African region for 2012 was 0.315 mg/capita, compared with a global mean of 6.28 mg/capita. However, regional mean is distorted by
data from Seychelles and South Africa (4.32 and 4.02 mg/capita, respectfully). For the seven target countries in the region that either reported data or reported more than zero drug consumption to the International Narcotics Control Board for 2012, consumption ranged from 0.0006 in Angola to 0.83 in Malawi.\(^8\)

- More positively, only one country (Mozambique) had legislation restricting how doctors are allowed to prescribe opioids, six (Botswana, the DRC, Malawi, Namibia, Swaziland and Zambia) had initiatives to change regulations that restrict physician or patient access to pain relief, seven countries (excluding Angola, Lesotho and Namibia) had initiatives to promote attitudinal change relating to ‘opiophobia’, and six nations (Angola, the DRC, Malawi, Namibia, Swaziland and Zambia) had initiatives that consider access to essential medications as a legal or human right. In Botswana the country has an Act of Parliament that allows nurses to prescribe opioids if authorised by the Director of Medical Services. In Zimbabwe, palliative care nurses at Island Hospice can start patients on morphine and then access support from a doctor, but availability remains a challenge.

**Way forward**
The study provides an overview of the status of palliative care in Southern Africa according to the World Health Organization public health strategy for palliative care: policies, drug availability, education, and service implementation. The results demonstrate significant variation among the targeted countries.

Consequently, offering a reductionist, one-size-fits-all solution to further palliative care in the respective countries is misplaced. Instead, what is required are strategies to support and develop palliative care that are prioritized, specific and tailored to each country and its prioritized needs dependent upon the landscape of palliative care policies and service provision. These strategies must be locally owned and rigorously costed from both the perspective of ‘set-up’ and recurrent expenditures to ensure they are sustainable.

**Conclusion**
The findings from this study provide a broad appreciation of the current status of palliative care in Southern Africa that is anticipated to help influence the progress of palliative care service and activity development in the region.

**References**
Acknowledgements
The authors express their gratitude to those national experts who kindly agreed to participate in this study and the funding received from the Open Society Foundations, New York and the Open Society Initiative of Southern Africa.

Full report
The full report is: African Palliative Care Association. *Review of the status of palliative care in ten Southern African countries*, 2016. Kampala, Uganda: African Palliative Care Association. For a copy of the report, please contact Eve Namisango, Research Manager at the African Palliative Care Association at: African Palliative Care Association, P.O. Box 72518, Plot 850, Dr Gibbons Road, Kampala, Uganda. Tel: +256 772 460 536; Email: eve.namisango@africanpalliativecare.org.